

Diagnosis of *Acinetobacter Baumannii* Infections

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DEAR EDITOR

I read the recent article about the antibiotic resistance of *Acinetobacter baumannii* with great interest.^[1] *A. baumannii* frequently colonizes on the skin, respiratory and genitourinary tract of hospitalized patients. It has the ability to survive in the environment on both animate and inanimate objects. Transmission from these sources can give rise to respiratory, urinary and soft tissue infections. Interpretation of *A. baumannii* as an infectious cause is difficult due to high rate of colonization on various parts of the body such as skin, pharynx and urine. So, the diagnosis is usually made through not only bacteriological isolation but also clinical and laboratory findings.^[2] The authors reported in their article that, they isolated *A. baumannii* from respiratory tube, urine, wound and blood, however, they did not clearly define that their patient had

real infection or only colonization. I wonder how the authors had differentiated colonization or infection in their selected patients. If the authors describe how they documented infection, readers will gain clearer view about this topic.

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